

## WISCONSIN DEATH CERTIFICATE FAX REQUEST

Personally identifying information requested on this form, including credit card information, will be used to process your request and payment for the requested copies. Failure to supply this information may result in denial of your request for copies.

**PENALTIES:** Any person who willfully and knowingly makes false application for a death certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Chapter 69.24(1), Wisconsin Statutes.]

**INSTRUCTIONS:** Please complete this form and fax to **(608) 255-2035**. PAYMENT OF FAX REQUESTS MUST BE MADE WITH A CREDIT CARD. ALL FAX REQUESTS WILL BE CHARGED FOR EXPEDITED SERVICE.

### SECTION I - SHIP TO YOU MUST COMPLETE THIS SECTION FOR REQUEST TO BE PROCESSED.

1. Name		2. Daytime Telephone No.	
3. Street Address or P.O. Box (You must provide a street address if you are requesting a Federal Express return.)			Apt. No.
4. City	5. State	6. Zip Code	

### SECTION II - APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE DEATH CERTIFICATE (Decedent) Check one.

- ☐ I am a **member of the immediate family** of the person named on the death certificate.  
Check one: ☐ Spouse ☐ Child ☐ Parent ☐ Brother ☐ Sister ☐ Grandparent
- ☐ I am a legal **custodian or guardian** of person named on the death certificate.
- ☐ I am a **direct descendant** of the person named on the death certificate (blood grandchild, great grandchild, etc.) (I may receive an uncertified copy of either the "Fact of Death" certificate or the "Extended Fact of Death" certificate.)
- ☐ None of the above. I am requesting an uncertified copy only. (Copy will not be valid for legal purposes.)

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested death certificate in accordance with the categories listed above.

SIGNATURE - Applicant	Date Signed
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### SECTION III - FEES FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND. Mandatory fees are already filled in. Please fill in additional fees for extra copies or Federal Express delivery, if applicable.

1. Search Fee (includes one copy, if found) <input type="checkbox"/> Fact of Death or <input type="checkbox"/> Extended Fact of Death	\$ 7.00	7.00
2. Each additional copy of the same certificate, issued at the same time as the first copy.		
<input type="checkbox"/> Fact of Death Certificate (without cause of death and disposition) (post-2002 deaths) (can be used for banking and most other financial transactions)	No. of Copies	X \$ 3.00
<input type="checkbox"/> Extended Fact of Death Certificate (with cause of death and disposition) (pre-2003 deaths) (can be used for insurance benefit claims)	No. of Copies	X \$ 3.00
3. Expedited Service Fee	\$ 10.00	10.00
4. Credit Card Processing Fee	\$ 6.00	6.00
5. Shipping <input type="checkbox"/> Regular Mail - No additional cost; mailed within 5 business days	\$ 0.00	
<input type="checkbox"/> Federal Express - \$17.50 in the continental U.S.; shipped within 2 business days	\$ 17.50	
<b>NOTE:</b> If no box is checked, the copy will be sent by regular mail.	<b>TOTAL</b>	

### SECTION IV - CREDIT CARD INFORMATION We accept Visa, MasterCard, American Express or Discover.

Credit Card Number	Expiration Date
SIGNATURE - Credit Card Holder	Date Signed

### SECTION V - DEATH CERTIFICATE INFORMATION

Full Name of Decedent (First, Middle, Last)		Date of Death
Place of Death - City *	Place of Death - County	Age or Date of Birth *
Name of Spouse * (First, Middle, Last)		Decedent's Social Security Number *

\* The fields marked with an asterisk (\*) do not have to be completed. The information is helpful, but not required.

OFFICE USE  
ONLY

Certificate Number \_\_\_\_\_